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## Veteran Reintegration

Joan Lee Tolliver

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# VETERAN REINTEGRATION

A Thesis submitted in partial fulfillment of the  
requirements for the degree of  
Master of Arts

By

JOAN LEE TOLLIVER

B.A., University of Mount Union, 2018

2020

Wright State University

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2020

WRIGHT STATE UNIVERSITY  
GRADUATE SCHOOL

April 15, 2020

I HEREBY RECOMMEND THAT THE THESIS PREPARED UNDER MY SUPERVISION  
BY Joan Lee Tolliver ENTITLED Veteran Reintegration BE ACCEPTED IN PARTIAL  
FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF Master of Arts.

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## ABSTRACT

Tolliver, Joan Lee. M.A. Department of Sociology and Anthropology, Wright State University, 2020. Veteran Reintegration.

Veterans are a unique population and share a common experience: reintegration. The reintegration period can be a challenging experience, and affects things such as mental health and overall adjustment to civilian life. In order to examine reintegration more closely, interviews conducted by the Wright State's Veterans Voices Project were used to complete this study. A checklist was used and consisted of nine themes identified in the relative literature related to reintegration: intimate relationships, familial relationships, children, education, employment, physical health, mental health, coping, and identity. Of the nine categories, employment was discussed most often (59.5%). Mental health was only discussed in 19% of the interviews, but very vivid details were shared in the interviews. The results support the idea that veteran reintegration can be difficult for some veterans and their families, and is a matter that needs support from multiple sectors. Communities should be made aware of the struggles that veterans may face in order to provide the appropriate resources and opportunities for veterans to make a successful transition.

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## **Introduction**

Military service members have a unique experience throughout their careers; their identity is shaped in a special way and affects numerous aspects of their life while they are serving in the military and upon exiting the military and re-establishing their lives. Reintegration is a part of veterans' military experience, and possesses many factors within that affect the transition period. Certain factors include mental health, relationships, education, and employment. Each veteran has a different transition experience, and these factors may or may not be present, and could have positive or negative impacts on the reintegration process.

An important subject to examine among the veteran population is mental health status. This particular population is prone to struggling with mental health issues and seeking treatment, particularly for post-traumatic stress disorder that can lead to complications with depression, behavioral issues, and even suicidal thoughts or ideations (Sayer, Carlson, & Frazier, 2014). PTSD is the single most common diagnosis among veterans who utilized VA health care (U.S. Department of Veterans Affairs, Epidemiology Program, 2012, as cited by Sayer, et al., 2014). On the other hand, many others within this same population may not experience these difficulties. Veterans may find that the suggested or required coping mechanisms are ineffective or undesirable, while some may believe that developing new coping strategies or revising existing ones may be beneficial to mental health overall.

This topic is of great importance to me because I have a younger brother who is currently a United States Marine. He has been through one deployment, and deployed again in January 2020. I want to be sure that his needs are being met and his mental health is taken seriously. I have asked personal questions regarding his mental health assessments, his opinion on mandatory periodical mental health screenings, and questions about the overall experience of the military thus far. This

thesis topic is of personal interest to me because it allows me to further understand the situations and experiences my younger brother encounters, allows me to identify how veterans can be better served, and how society can be more effective in serving this population.

The overall aim of this study is to examine what factors influence the reintegration experience for veterans, and how the negative factors can be addressed. The reintegration process for veterans can present many difficulties, and these problems can also affect the friends and family of the veterans. Many things involved in the reintegration process eventually effect the well-being of veterans and their loved ones, and need to be addressed in order to positively influence the transition in to civilian life. By obtaining personal experiences from veterans themselves about the different things they encountered during their transition period, improvements can be made to existing practices, and new programs or practices can be put in place for veterans and their loved ones that will better assist in their reintegration experience.

## **Literature Review**

### **Reintegration Issues**

Veterans face numerous challenges upon returning home. According to the Research and Development Center for Military Health Policy Research, three service-related disorders have a heavy impact on veterans: twenty percent suffer from either major depression or PTSD, and 19.5 percent in this category have experienced a traumatic brain injury (National Veterans Foundation, 2016). Service members who experienced traumatic brain injury were twice as likely to suffer from PTSD later on, and symptoms may not have been visible until three to four months after deployment (New England Journal of Medicine, as cited by National Veterans Foundation, 2016). In a study conducted by the National Institute of Drug Abuse (2016),

researchers reported that twenty five percent of veterans showed signs of a substance abuse disorder, and that this disorder is strongly associated with combat exposure. Despite these numbers, the Substance Abuse and Mental Health Services Administration revealed that only fifty percent of returning veterans who need mental health treatment actually receive these services (National Veterans Foundation, 2016).

### **Defining and Measuring Community Reintegration for Veterans**

In the examination of this topic, the term ‘reintegration’ must be defined. Crocker, Powell-Cope, Brown, & Besterman-Dahan (2014) describe community reintegration as the return to life roles following discharge from an organization where an individual was separated from typical community living and then returns to life in a community. The existing research may define integration or reintegration differently, or use them interchangeably, but for the purposes of this research, the above definition given by Crocker and her colleagues will be used throughout this study. Crocker et al. (2014) examined a few different aspects that are important when researching the reintegration process for veterans, such as how reintegration is measured, how the military and Veterans Affairs respond to reintegration difficulties, and emerging needs expressed by veterans for successful reintegration. These facets are important to investigate considering that further development and utilization of services will hopefully occur and contribute to successful reintegration among veterans.

Resnik et al. (2012) suggests that role functioning is an existing practice used to measure community reintegration. The roles are as follows: independent, autonomous person, family member, friend, spouse or intimate partner, parent, civic and community member, student, and member of the workforce. These roles are vital parts of the community and should be examined. Resnik et al. (2012) goes on to explain that a challenge with measuring participation is the overlap

between the constructs of activities and participation; the language used to define each of these is very similar, but each concept is coded similarly. This causes issues when interpreting measurements, which could ultimately result in inaccurate data.

Measurement of community reintegration can be assessed subjectively or objectively (Resnik et al., 2012). Objective methodologies measure quantity of participation and examine factors such as frequency, intensity, and amount and use of assistive devices. Subjective methodologies measure quality and type of assistive devices by examining perceived difficulty, limitations, autonomy, and satisfaction with participation. Although objective measures may reveal attendance or success rates, it fails to report an individual's satisfaction, which is where subjective measures are deemed as beneficial. Both types of measurement are important when collecting data for the veterans that are reintegrating in to the community.

In addition to utilizing both types of subjective and objective measurements, Resnik and her colleagues (2012) suggested a method to improve the measurement of community reintegration, which consisted of measuring elements that consider the role function specific to veterans across the age spectrum. By catering to all ages, this will fill many existing gaps and help future researchers to create better measurement processes, thus providing them with detailed and accurate data. Additionally, improving all processes of measurement is imperative to ensure that all areas are appropriately represented and able to detect change (Resnik et al., 2012).

A key element that Resnik and her colleagues discussed was the effect of community integration on society (2012). They explain that those returning to their communities heavily rely on partners, family, friends, and employers when battling physical and mental health challenges. This reliance has an effect on the support system and ultimately the success of the community. Since these individuals play a large role in the reintegration process, it is important to obtain their

observations or concerns regarding this topic. The individuals playing the role of caretaker could provide researchers with valuable information regarding the reintegration process. Their experiences and perspectives could be an asset in improving mental and physical health treatment as well as overall community reintegration efforts.

Another suggestion mentioned by Resnik and her colleagues was the idea of collecting data from numerous VA medical centers across the country (2012). Including a diverse population of veterans allows for quicker data retrieval, more data, and a large possibility for different, detailed responses. Although this suggestion seems relatively simple and reasonable to achieve, including multiple VA medical centers can be time consuming and expensive. As for the time constraint that is associated with this suggestion, this can be combatted with a central institutional review board (Resnik et al., 2012). The use of this procedure would be able to address the issues of time, cost, and practicality. If these issues are addressed, research efforts will be achieved and the veteran population will be better understood, eventually leading to the improvement of programs and efforts to cater to this population. In addition to the inclusion of multiple VA medical centers, it is also important to include institutions that are not affiliated with the VA; institutions that are utilized by caregivers or people who provide support to veterans. These would consist of military hospitals or civilian rehabilitation centers. The collaboration of VA and non-VA institutions has the potential to provide researchers with results that could be essential in improving efforts toward community reintegration. Although the results from this collaboration are extremely beneficial, there are many challenges that are associated with this, such as funding and the ability to share and trade information between VA and non-VA institutions. Efforts should be made to reduce these challenges so the veteran population is able to successfully reintegrate in to their respective communities.

## **Challenges Faced During Reintegration**

In order to experience successful community reintegration and avoid long term consequences, early intervention for returning service members and their families is necessary (Resnik, Plow, & Jette, 2009). The problem identified in this study is that a community reintegration measure does not specifically exist for the veteran population. Resnik and her colleagues developed a Community Reintegration for Service Members (CRIS) survey and tested the validity and reliability of the measures (2009). In order to accurately measure community reintegration, the plethora of challenges faced by veterans must be acknowledged and the opportunity to provide thorough answers must be given during the questioning portion. Questions were phrased in a way that facilitated comprehension, minimized recall bias, enhanced completion, assessed current life situations without comparing situations that involved injuries, and framed questions in a way that did not force attribution to a specific health condition or event (p. 471). Clinicians were asked to participate in the validation of the CRIS; afterward, two pilot studies were conducted using the CRIS. From the results of the pilot studies, only certain CRIS items were kept depending on their correlations. Resnik and her colleagues (2009) demonstrated that this instrument is comprehensive, reliable, and valid when measuring community reintegration. Although this instrument is accurate in measurement, the researchers recognize that further development is necessary in order to capture the challenges with community reintegration faced by Gulf War, Operation Iraqi Freedom (OIF), and Operation Enduring Freedom (OEF) veterans. By improving and further developing the CRIS instrument, challenges will be more easily identifiable, and health care providers, the VA, and society will better understand the challenges faced during the transition period.

Veterans face numerous issues during the reintegration process. Larson and Norman (2014) conducted a study to identify predictors of functional impairment. They reported their sample as mostly male (92%), predominantly white (73%), mostly enlisted (93%), and separating from the military for reasons such as retirement, expiration of enlistment term, or parenthood (93.2%). This sample experienced difficulties with social settings, families, and school, work, and community domains. In their study, the researchers measured the following predictors of functional impairment: work-related problems, financial problems, unlawful behavior, activity limitations due to mental illness, and the notion that reintegration presents difficulties, and included questions about PTSD symptoms to further examine its influence. These predictors play a role in the reintegration process of veterans, can affect the functionality of a family unit, and overall affect the veterans' quality of life.

Larson & Norman (2014) reported that PTSD symptoms predicted trouble with work-related problems, financial problems, activity limitations due to mental illness, and the notion that reintegration presents difficulties (p. 423). By identifying that the presence of PTSD symptoms play a role in numerous difficulties, this diagnosis should be taken seriously; furthermore, efforts should be made to identify this issue as early as possible and treat it in an effective manner. This particular study supports the notion that mental health, particularly PTSD diagnoses, has an impact on the reintegration process. In order to address the problematic transition from a military member to a civilian, the predictors must be addressed. In this case, diagnosing and treating PTSD earlier and more often would more than likely improve the reintegration process for this particular group of veterans.

When it comes to addressing mental health within returning soldiers, an important aspect is whether or not the appropriate questions are being asked during screenings. In numerous studies,

it has been shown that service members underreport mental health issues and physical issues, which could be contributed to two specific reasons. First, questions could be worded incorrectly or could discourage mental health care utilization. A second possible explanation for underreporting is the stigma attached to seeking mental or physical health treatment (Larson & Norman, 2014). By reporting a mental or physical ailment, service members could be labeled as weak or unable to fulfill their military duties, or even be discharged depending on the severity of their condition.

Sayer, Carlson, & Frazier (2014), suggest that some veterans who are discharged from the military experience mental and physical injuries that require medical attention, and in turn affect successful reintegration in to civilian life (p. 33). Although research continues to be conducted and resources have been improved, the need for care still exists. There are veterans who may not have access to resources or may not utilize care for mental or physical needs due to the attached stigma. In some cases, veterans needs' stretch beyond the mental or physical scope, and they experience difficulties with relationships and employment. Sayer et al. (2014) suggest that the government, the private sector, and the public should be connected when approaching the variation of post-deployment problems.

Sayer et al. (2014) examined numerous challenges that are faced by active duty personnel and veterans, and the types of programs or treatments that are utilized by this population. Mental health symptoms are underreported for many reasons, such as not wanting to receive a diagnosis that could affect their future, or not wanting to admit that there is an underlying cause for their behavior. There were also several instances where Sayer et al. mentioned that not all veterans utilize the VA and their services, which is why not all diagnoses are reported, or why some people go undiagnosed. The VA is designed to specifically recognize trauma related to war or deployment



experiences, and if veterans are utilizing private care, symptoms may go undetected and eventually untreated. With both of these scenarios in mind, the authors suggest that a public health approach should be implemented in order to improve the reintegration process on a larger scale. Health care providers should be educated on the unique experiences of veterans and practices implemented to improve the reintegration process (p. 61). By including multiple sectors in the reintegration process, society will have a better understanding of this population, more organizations will be educated about veteran experiences and reintegration, and a larger amount of veterans will hopefully utilize services and treatments that are helpful in the reintegration process.

Thomas and Bowie (2016) studied the effect of sense of community on veteran community reintegration difficulties in the southern region of the United States. Sense of community is expected to serve as a resilience factor between risk factors of mental health and veteran community reintegration difficulties (p. 314). If veterans feel a sense of belonging, that their presence is influential, and that they have meaningful, emotional connections, it is reasonable to believe that they will encounter less difficulties in the reintegration process. This study utilized secondary data collected from a survey given to 131 veterans (p. 321). Thomas and Bowie (2016) were able to conclude that sense of community does not serve as a mediator between PTSD symptoms and community reintegration. When examining depression, it was found that sense of community does act as a mediator between depression symptoms and difficulties with veteran community reintegration; but the results suggested that higher levels of sense of community are associated with higher levels of difficulties with reintegration. When investigating employment, the findings suggested that sense of community does not act as a mediator between employment status and difficulties with community reintegration.

When considering the relationship of all community reintegration risk factors and sense of community as a mediator, the results suggested that sense of community does not moderate the relationship between risk factors and reintegration difficulties. Sense of community does not serve as a protective factor for veterans facing difficulties with community reintegration (p. 324-325). Although it was concluded that sense of community does not serve as a protective factor, parts of this study could be altered to be more specific and inclusive, perhaps changing the results and determining that sense of community could, in some way, serve as a protective factor for veterans facing difficulties with reintegration. It is also important to note that results from this study are not generalizable to the entire veteran population in the United States, therefore, for some veterans, sense of community could be a protective factor for those who face difficulties during reintegration. The researchers suggest that further qualitative studies should be conducted because personal narratives provide a deeper understanding and further explanation of community reintegration difficulties (p. 328). By conducting more qualitative studies in different areas of the United States, different results would be available to interpret, and different protective factors for veteran community reintegration could be discussed.

The role of community in veteran reintegration is important to both veterans and society. For a number of years, the physical and mental struggles that come after deployment have been studied. There is a need for research that focuses on social support and the role it plays in the reintegration progress. In a qualitative study conducted by Demers (2011), the experiences of soldiers' and veterans' transitions to civilian life were studied.

Demers (2011) conducted forty eight qualitative interviews (p. 165). In this study, thirty respondents identified themselves as veterans. The veterans in this study described three key challenges to returning home: lack of respect from civilians, holding themselves to a higher

standard than civilians, and not fitting into the civilian world (p. 170). These challenges led to a loss of self-esteem and sense of self-worth, due to the perceived amount of respect and change of status. Veterans also described situations where they felt that behavior exhibited by civilians was frustrating and disappointing, which made it difficult to adjust since their mentalities were different than those of civilians. Veterans also discussed feeling disconnected from families and other civilians, more so than soldiers or reservists (p. 171). In the interviews, veterans explained how they would feel out of place, confused, afraid of going home and being alone with friends and family, and had a fear of being misunderstood. There also discussed the discovery of how much an individual has changed, and not realizing it until they are in the company of their family and friends (p. 171-172). The identity issues that veterans experience peak when they are in a different environment amongst people who do not understand their experiences. This can lead to feelings of isolation, unhappiness, and unhealthy coping mechanisms. Although all participants in the study agreed that a period of adjustment is needed for the transition process, veterans' explanations suggested that they faced greater challenges and may need further support (p. 172). Veterans are in a unique situation; once they exit the military, they are stripped of relationships they feel comfortable in, such as fellow soldiers who shared similar experiences. Veterans recognize that they are different than civilians, and have needs that civilians are unable to fill. Instead, veterans desire to have relationships with other veterans because they will be understood and have someone to connect with on a deeper level. As for including the community in the reintegration process, Demers (2011) has made a connection between veterans and the community; civilians may not be the support system that is needed by veterans. Instead of ignoring the needs of veterans, civilians should recognize their unique needs and encourage veterans to seek programs or services that are more fitting, such as counseling/therapy or other activities that include veterans. By recognizing

their needs and encouraging more fitting opportunities, veterans may be able to more easily work through identity changes, feelings of loneliness, and feeling misunderstood.

## **Mental Health in Veterans**

Mental health treatment among returning veterans remains low, and numerous studies have been conducted in order to address the lack of mental health care utilization. Bloeser et al. (2014) suggests that current screenings may only be capturing the symptoms that veterans deal with rather than their post-deployment difficulties as a whole. Research has not demonstrated whether the current screens are able to predict treatment utilization. In order to address the relationship between screening for functional impairment and mental health care, Bloeser and her colleagues designed a questionnaire that was distributed to veterans who had recently returned home and were present at a welcome home event. Those who agreed to participate in the study also gave consent to have their medical records reviewed. This was a targeted sample and consisted of 152 participants who were Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF) active duty service members or veterans (p. 111). By targeting this specific population, the researchers were able to examine modern mental health conditions and mental health care utilization among service members who are active duty or who have served within the last nearly 20 years.

In their study, Bloeser and her colleagues (2014) found that nearly 29% of the sample screened positive for PTSD, 34% screened positive for depression, and approximately 35% screened positive on the cut down, annoyed, guilty, and eye-opener (CAGE), an instrument used to assess for alcohol abuse. A significant amount of respondents (approximately 36%) chose not to answer the AUDIT-C (alcohol use disorders identification test) or the traumatic brain injury

(TBI) screen. Overall, veterans reported numerous problems ranging from drug use, social support, home life, relationships, irritability and anger, and many more. It was also found that veterans who sought treatment from the VHA were more likely to report problems with social support instead of other functional impairments. In addition, veterans who reported three or more functional impairments were three times more likely to seek mental health treatment. Out of 152 respondents, only 23 (15%) utilized mental health treatment following the study (p. 111-112).

The results from this study suggest that social support is a key component in identifying and treating PTSD. The inclusion of support that focuses on family and marital readjustment is helpful in encouraging treatment for those who may struggle with PTSD or other mental health issues. Bloeser et al. (2014) recommend that when screening for mental health needs among this population, difficulties with social support should be taken in to consideration. The researchers also suggest that mental health treatment would be most effective if it targeted both symptom reduction and their ability to function individually and in the community, which could consist of multiple types of care that includes the family (p. 114-115). Overall, this study supports the argument that mental health screenings should be reevaluated in order to earlier detect and properly treat veterans who struggle with these issues.

A study conducted by Kukla, Rattray, and Salyers (2015) examined the perspectives of veterans with mental health disorders who sought health care from the VA. Specifically, their perspectives about work reintegration were studied. It was hypothesized that veterans who had combat experience would have more detailed descriptions relating to their roles as veterans, and veterans who did not have combat experience would not discuss their roles as veterans as much. This study used secondary analysis; in the parent study, forty interviews were conducted and written surveys were collected from veterans who were receiving mental health care at a VA

medical center in an urban Midwestern city (p. 479). For the survey portion, questions were asked about factors that played a role in veterans' work success, and whether or not these factors were helpful or harmful. In the interview portion of the study, questions relating to work success and job stability were asked, along with a question that asked about job competitiveness (p. 479-480).

The results of this study revealed that numerous factors were related to work reintegration, such as mental and physical health, transition from service member to civilian, emotional and instrumental support, self-experience, the fit between military and civilian work setting, and characteristics of employer and workplace. Several findings are important to mention. Combat veterans reported more physical barriers and cognitive problems interfering with work success; veterans mentioned that their military experience had a positive impact on their self-confidence, competency, and self-efficacy facilitating success in civilian jobs; veterans mentioned the mismatch between skills needed for military occupations and the skills deemed appropriate in the civilian sector; and lastly, social networks play an important role in safeguarding against poor health, specifically PTSD and cognitive symptoms (p. 486-487). Kukla and her colleagues (2015) were able to conclude that combat veterans gave more detailed descriptions of their veteran experiences than those who did not see combat; also, veterans who did see combat experienced more barriers to work success, such as physical health and cognitive problems (p. 486). The results of this study support the idea that work success is harder to achieve for combat veterans, therefore policies and programs should be implemented to address this issue. In order to be a successful working civilian, veterans should be given the opportunity to work through identity issues, self-concept problems, and be provided with information or programs that help them utilize the skills they have or further their education so they can become part of the civilian workforce. Work success can affect the family dynamic, mental health, and the financial stability of veterans and

their families, therefore it should receive attention from society, the VA, and other public health sectors.

A study completed by Brancu and his colleagues (2017) addressed mental health risk and resiliency factors in veterans. Three major aspects that were focused on were understanding the relationship between pre-military and pre-deployment mental health and biological factors and post-deployment mental health conditions, understanding the associated health and health risk behaviors for this population, and identifying health care service utilization and outcomes (p. 22). Further understanding of these aspects is needed to develop effective, evidence-based assessment and treatment options for veterans. By examining the factors that contribute to post-deployment struggles, treatment can be improved and veterans will have the ability to successfully reintegrate after deployment.

Investigating pre-existing mental health conditions is an extremely important factor in addressing post-deployment issues. If a soldier has previously struggled with mental health or behavioral issues, measures can be taken to address them before, during, and after deployment. In addition, if these issues are addressed beforehand, it can determine if a soldier is stable enough for deployment. If a mental illness is present before deployment and needs to be treated, the soldier may be prevented from deployment, which would benefit their mental health status and ultimately ensure safety for themselves, fellow soldiers, and the goal of the mission. Next, by recognizing that this population has special circumstances that make them more vulnerable to experiencing mental illness, preventive measures can be taken to ensure that this group of individuals receives the support and services that are beneficial to their health before and after deployment. The early recognition and treatment of mental health is needed to confirm that service members are able to

perform to the best of their ability, as well as assist in the reintegration process after deployment (Brancu et al., 2017).

In order to effectively examine assessment and treatment options, the researchers collected data on the amount of patients utilizing outpatient mental health treatment, and existing medical conditions. As of 2016, there were 3,247 individuals enrolled in this study; 20% of the sample were women, approximately half of the participants are African-American, and approximately half of the participants reported receiving outpatient mental health treatment within or outside of the VA (p. 6). These data serves as a guide when evaluating the need and the quality of treatment options for veterans. The researchers intended to track participants over their lifespan to fully capture their mental health issues. Specifically, it needs to be determined what behavioral, biological, medical, and other mental-health related factors predict the development of post-deployment mental illness, which interventions are most effective in the growth or decrease in the severity of post-deployment mental health issues, identify risk and resiliency factors that affect mental illness, and evaluate functional outcomes such as disabilities, treatment utilization, and quality of life associated with various longitudinal trajectories (p. 14). These factors are imperative in the understanding and expansion of mental health services and overall community reintegration strategies.

Although there are numerous struggles that accompany reintegration, the psychological adjustment is perhaps one of the most important in determining the success of the reintegration process. Romaniuk and Kidd (2018) primarily investigated the psychological adjustments that soldiers face upon reintegration following the end of military service. In this study, the researchers include all former members of the military; regardless of deployment experience or the event of



retirement or discharge (p. 61). Psychological circumstances play a large role in the reintegration process, and should be quickly identified and treated in order to successfully return to civilian life.

The study revealed that the psychological issues experienced by veterans consisted of three types of loss. The loss was described in categories such as culture and community, identity, and purpose (p. 63). Experiencing loss in these categories can cause soldiers to feel disconnected from the civilian community, have trouble with identifying their social rules, and finding a purpose. As for feelings of loss in culture and community, this can occur in both the military community and the civilian community. Romaniuk and Kidd (2018) describe military life as collective and places emphases on hierarchy, structure, conformity, and comradery. This lifestyle often makes soldiers feel safe and comforted (p. 63). With these lifestyle characteristics, soldiers feel as if they are surrounded by family in a stable, structured environment. This stability and structure is beneficial to their mental health and contributes to their performance as a soldier. When soldiers leave the military and attempt to live a civilian life, the collective, team-based lifestyle is left behind and the structure and stability begins to deteriorate (p. 63). This loss of structure and stability can further lead to issues in creating or rekindling relationships with civilians. In a collective, team-based environment, relationships with fellow soldiers flourish due to shared experiences and mutual understanding of circumstances. Romaniuk and Kidd (2018) report that upon returning home and approaching civilian life, soldiers claim that relating to civilians is difficult because they do not share the same experiences and cannot relate to things in the same way. In addition, soldiers may believe that forming close relationships with civilians is not possible; their military relationships are the ones that will remain the closest and most valuable (p. 67). Overall, the loss of culture and community affects the psychological state of veterans and ultimately plays a role in the success of the reintegration process.

A second loss identified in this study was the loss of identity. Romaniuk and Kidd (2018) state that military veterans were detailed in their descriptions of their military identity. The military identity was constructed with aspects such as competence, motivation, passion, focus, dedication, and creativity (p. 68). These strong characteristics help soldiers to develop a solid, stable identity. The military creates not only this identity in the occupation itself, but this identity is created for the person as a whole. Individuals in the military consider their military occupation as their entire identity, not just a part of their occupation. In addition to this ideology, when soldiers are no longer a part of the military, they may feel as if their identity has been lost. By identifying their occupation as their entire identity, they experience a complete loss of identity and struggle to rebuild themselves when they return to the civilian lifestyle (p. 68). In this situation, it is important for veterans to recognize that their identity is not required to be solely based on their occupation. Although this identity creates stability and comfort, it causes complications to arise once the reintegration process begins. Romaniuk and Kidd (2018) report that when discovering a new identity, veterans experience challenges when converting from a military identity to a civilian identity; values and rules are different and the process of discovering who the individual is as a civilian is challenging (p. 68). Letting go of one identity and attempting to create a new one is often difficult for soldiers; their previous identity assisted them in their performance in the military.

A third loss that is identified by the researchers is the loss of purpose. For many individuals, service in the military provided them with a meaningful purpose, which made their lives seem significant. Romaniuk and Kidd (2018) explain that soldiers who experienced loss of purpose stated that the military made them feel as if they were a part of something bigger than themselves; that they acquired responsibility, success, and worthiness. Some veterans even explained that they were dependent on the military to provide purpose and direction (p. 68). Although being a part of

the military can provide this important function, it can cause issues once an individual leaves the military. Since the military provided individuals with an identity and purpose, leaving the military can cause veterans to feel as if their purpose has vanished. Some veterans reported that they no longer felt they were contributing, which made traits such as motivation decrease (p. 68). Loss of purpose has the ability to decrease motivation toward finding work in the civilian world or seeking education, which negatively impacts the reintegration process. It is important to reassure veterans that identity and purpose can come from things other than the military. By recognizing other strengths and aspirations, this can help veterans cope with the transition from military life to civilian life.

This study revealed that psychological distress is linked to military service members experiencing different types of loss. Romaniuk and Kidd (2018) conclude that the military provides things such as structure, support, and community, and once that is no longer a part of their life, struggles arise. The adjustment process was difficult due to veterans losing their sense of community, identity, and purpose. The return to civilian life can seem unstable, unsupportive, and not rewarding in the eyes of an individual who has served in the military. The transition to civilian life forces many veterans to rediscover themselves and reevaluate their strengths, capabilities, and dreams. This new discovery takes time and patience, and can only be achieved by recognizing the loss that service members experience. It is important to recognize the problems associated with loss so that services can be created and offered to assist with the reintegration process.

The utilization of mental health services plays a role in the reintegration process for veterans. Hourani, Bender, Weimer, and Larson (2012), conducted a comparative analysis between mandated and voluntary administrations of post-deployment health assessments among Marines.

The researchers acknowledge that early detection of mental health problems is beneficial in the treatment process, and can also be helpful in the reintegration process. In this study, the mandated post-deployment health reassessment data was gathered from a Department of Defense database, and the voluntary reassessments were obtained from the Research Triangle Institute International, and were offered to Marines who were participating in the Transition Assistance Program (p. 644).

In this study, endorsement rates were higher for the voluntary survey than the military's survey. When comparing the results for the two surveys, the items that were the most underreported were back pain, sleep problems, joint problems, muscle aches, concern about losing control with or without others, and ringing in the ears (Hourani et al., 2012). The researchers suggest that underreporting of conditions or issues may mean that military personnel are hesitant to disclose matters that may indicate underlying mental or physical health concerns. These results support the hypothesis that military personnel are underreporting certain symptoms and conditions on the post-deployment health reassessment due to the realization that there could possibly be a serious underlying issue (p. 647).

Mental health diagnoses and utilization of mental health services continues to be an important topic within the veteran population. Hoge, Auchterlonie, and Milliken (2006) set out to determine the relationship between combat deployment and mental health care, particularly the correlation between the screening results, actual use of mental health services, and attrition from military service. These factors give insight to the statistics regarding veterans and their mental well-being.

Hoge et al., (2006) reported in their study that 7,797 (about 18%) of OIF veterans were referred to mental health services after screening positive for a mental health problem. Also, exposure to combat was associated with screening positive for PTSD; 17,364 (nearly 80%) of OIF

veterans screened positive and reported witnessing of people being wounded or killed or engaging in direct combat where their weapon was discharged. As for rates of mental health care utilization, 68,923 (31%) of OIF veterans had documentation of at least one mental health care visit within the first year after deployment (p. 1027-1028). An important finding in this study was that the need for mental health services likely varies due to combat exposure. Hoge and their colleagues (2006) discuss the importance of timing of screening programs; particularly when symptoms come to surface and when the screenings should be given. They also discuss why utilization rates may be distorted; services may be offered through religious organizations, employee or family assistance programs, or during visits for other primary health concerns, all of which may or may not be captured in surveys or questionnaires that inquire about mental health utilization. In this study, the type of combat, timing of screenings, and types of mental health care are all considered when examining veterans post-deployment.

The measurement of reintegration, challenges faced during reintegration, and mental health in veterans are important factors when examining veteran reintegration as a whole. These themes stand out when studying this topic, and will be evident in the completed study. The examination of these themes in the content analysis section will further readers' understanding of veteran reintegration. Individuals and communities will be provided with opportunities to appreciate the unique experiences of veterans, and hopefully become interested in improving and developing new programs and services for this population.

## Theory

Reintegrative shaming, coined by Braithwaite (Akers, Sellers, & Jennings, 2017) was intended to apply to criminals and offenders who are reintegrating back in to the community, and may illuminate some of the same issues that veterans face. Although this theory is helpful in understanding some of the issues veterans face with reintegration, it does *not* put an emphasis on the effort that should *all* come from the community in order for reintegration to be completely successful. Reintegration is a reciprocal relationship between returning veterans and the communities they are reentering.

Elnitsky, Fisher, and Blevins (2017) propose that reintegration has four main domains, which consist of individual, interpersonal, community, and societal (p. 6). This view of reintegration highlights the support and involvement needed from the community as well as veterans in order to ensure successful reintegration. With this theory and conceptualization of reintegration, the idea of *interactive* reintegration emerges. Braithwaite's idea of reintegration and interaction with the community leads readers to believe that not enough effort is put forth by the community. The definition of reintegration given by Elnitsky et al. (2017) proposes that reintegration is multi-faceted and must be handled by addressing the multitude of difficulties that may present themselves after separation from the military. By combining these two ideas, it is plausible to say that the community needs to be more involved in the reintegration process as a whole, which includes putting forth effort in sectors such as the workplace and educational environments, health care, and legal services. The combined effort from veterans and their respective communities will positively impact the reintegration experience for all parties involved. Reintegration is an interaction between veterans and communities, and should be treated as a learning experience that is beneficial to veterans and different sectors of society.

## **Methodology**

In order to collect data regarding veteran reintegration, numerous methods have been used in past studies, such as surveys, questionnaires, and interviews. These methods have generated various facets that affect veteran reintegration, such as mental well-being, relationship difficulties, identity issues, troubles in the workforce, and many more. In this study, data will be analyzed from interviews that have already been conducted and transcribed. The data source is Veterans Voices, a program created by the Veteran and Military Center (VMC) at Wright State University. Veterans were recruited for this project by attending events where the VMC was present, word of mouth, flyers, one group telling another group, and a few appearances on Channel 2 news. The VMC also works and volunteers in the community, which displays their name and the Veterans Voices Project to the public. Veterans Voices interviews followed six sections of questions that serve as a guideline for the interviews (Appendix A) as a part of the Library of Congress' Veteran History Project. The individual who is in charge of these interviews stated that these are only guidelines, and that the sessions with veterans are categorized as elaborate conversations about their lives (E. Carter, personal communication, November 12, 2019). The interviews were not designed to target specific experiences or issues; they were intended to be a part of an oral history project. Veterans are able to view these questions prior to the interview if desired. The guideline sheet is not strictly followed and is rarely referred to during the interview. Prior to the interview process, veterans are required to complete a form about their service history information (Appendix B), and two consent forms (Appendix C and Appendix D); one for the Library of Congress and one for Wright State University. Once the interview is completed, the interviewer asks the veteran if they are uncomfortable in any way, and gives them the option to delete the interview or only send it to the

veteran only and not use it for other purposes (E. Carter, personal communication, November 12, 2019).

These interviews are available on a YouTube channel, and are categorized into playlists. There are some playlists that are grouped by year, and some playlists that have more detailed titles such as 'Champions' or 'Lives and Stories'. The 2018 category was chosen because it had the largest amount of interviews to choose from (N=45). Each of the 45 interviews were listened to and the transcriptions read. All interviews that discussed any part of the reintegration process were included in the study with no additional eligibility parameters. If an interviewee did not discuss their reintegration experience in any way, the interview was not used.

In order to determine if an interview should be used, a checklist was developed (Appendix E). Gender, branch of military, and theater (area of responsibility) was recorded for all interviews. If one or more of the following things were discussed in the interview, it was kept for analysis: intimate relationships (dating, engaged, or married), divorce, familial relationships (children, kids, siblings, parents, any extended family member), mental well-being (being diagnosed with any mental health disorder or experiencing symptoms of any kind, utilizing mental health services of any kind), physical health, such as dealing with physical injuries, thinking about or attending physical therapy, children, (such as tasks involved with being a husband or father, parenting), anything associated with employment (such as interviews, job, trouble deciding what field to go in to), education (deciding to go back to school, school schedules), identity issues (discussing how being a service member was all they knew how to do, difficulties with transitioning to other identities or roles), discussion of coping mechanisms (hobbies, involvement in extracurricular activities, drug or alcohol usage, therapy/counseling, programs/services offered by military or VA).



Data analysis consisted of themes developed based on the topics that were described in the interviews. The formation of the themes helped readers to further understand the issues that affect the veteran reintegration experience. In addition, information collected on the check sheets was tallied and percentages for each item given.

This study examined the factors that impacted the reintegration experience for veterans. In some interviews, veterans addressed their most difficult aspects of reintegration, and some even went on to say how their issue could have been handled differently or how similar issues could be addressed in the future. After collecting the data, policy implications were suggested that will positively improve the existing practices put in place, as well as create new practices for veterans and their communities.

## **Results**

Forty one total interviews were used in this sample from 2018. Four out of 45 (8.9%) interviews were not used because they were collaboration videos that involved numerous people and were not conducted in a typical interview fashion, or the video was private and was not available for viewing. One specific video (case 25) was not used because this individual was a journalist in the military. Although this interview did not contribute to the sample statistics of this study, quotes from the interview were used in the results section due to his interesting perspective as a journalist who saw combat, but was not involved in combat.

In this sample, 33 (about 80.5%) of the interviewees were male, and 8 (19.5%) were female. Twenty (48.8%) of the respondents were in the Air Force, fourteen (34.1%) respondents were Army, four (9.8%) were in the Marine Corp, four (9.8%) were in the Navy, and one (2.4%)

respondent was in the Air Force National Guard. In regard to theater, sixteen (39%) were Vietnam veterans, three (7.3%) were World War II veterans, five (12.2%) were from Operation Iraqi Freedom/Operation Enduring Freedom, one (2.4%) was a Lebanon war veteran, one (2.4%) was a Gulf War veteran, and 13 (31.7%) respondents did not disclose theater during their time of service in the interview.

Nine themes were developed for this study from the literature, and the check sheet was used to mark if the themes were present in each interview (See Table 1). Of the nine total themes, respondents discussed employment in 25 out of 41 (60.9%) interviews, education was discussed in 16 out of the 41 (39%) interviews, intimate relationships was discussed in 9 out of the 41 (21.9%) interviews, familial relationships was discussed in 8 out of 41 (19.5%) interviews, children was discussed in 8 out of 41 (19.5%) interviews, and mental health was discussed in 7 out of 41 (17.1%) interviews. Physical health was discussed in 6 (14.6%) interviews, coping was discussed in 3 (7.3%) interviews, and identity was not discussed in any of the interviews.

**Table 1**

<b>Themes</b>	<b>Frequency</b>	<b>Percent</b>
Employment	25	60.9%
Education	16	39%
Intimate Relationships	9	21.9%
Familial Relationships	8	19.5%
Children	8	19.5%
Mental Health	7	17.1%
Physical Health	6	14.6%
Coping	3	7.3%
Identity	0	0%
<b>Total # of Respondents</b>	<b>41</b>	

## **Themes: Employment and Education**

Veterans discussed employment most often, followed by education. These themes emerged more than others since employment and education have the potential of being intertwined with military service. Many veterans discussed how their military service did or did not impact their careers. Veterans also discussed the education they obtained while serving in the military and after their military service. Many interviewees discussed how their military experience contributed to their lives as a whole; specifically how the skills and education they obtained in the military helped them in their civilian careers and education continued post-service. Many cases went in to great detail when describing the journeys in their careers and education.

“...I’m surrounded by a great group of guys who truly desire to be better dads um, and then from the veterans’ perspective there’s nothing I enjoy more than watching a veteran find themselves post-service...” (Interviewer: Is there things you learned in the Marine Corp that you apply to your job?) “Absolutely...Mission accomplishment, I mean, right now, um, my mission in my day job is literally putting additional resources behind giving comfort and hope to the families of people who are living my worst nightmare...Mission accomplishment as we know from the Marine Corp leadership traits is the number one. There’s nothing that comes above mission accomplishment. Um, so, mission accomplishment, troop welfare, I mean, a leader that takes care of their people, your people are going to take care of the organization. And I think that a lot of the times we look at our own careers as a stepping stone and things to use people as steps to get to where you want to go next but in fact it’s by pouring in to people and people pouring in to you that’s how progress happens.... One thing that you know we know about being veterans um, and moving to the civilian sector, it is uh, it’s very difficult to deal sometimes with the sense of urgency of civilians. Because sometimes people see it is okay, well we’ll accomplish that later or we’ll get to it when we can, no, like the sense of urgency that we need to have behind our missions needs to be propelling us in everything we do, um, so I think that that aligning with um business acumen is what’s going to take the nonprofit sector to the next level” (Case 18).

“So I have an associates in criminal justice, my bachelors is a triple major in psychology, sociology, and criminal justice. And I was pursuing, I’m in the middle of a masters degree in public health with a focus in nutrition. And I was pursuing a second bachelors degree in cyber security which I’m not sure if I’m going to continue with that...it’s a lot of education, um, when you have children, uh in some cases you feel like you always have to have a backup plan to provide for them, um, my father wasn’t really around for me, uh, so it was

really just me and my mother and my siblings, uh, the only thing that I ever really wanted to be was a father, so I was told by a doctor that I actually couldn't have kids, um so the fact that they're here is miraculous so that's something I don't take for granted. So I try hard to give them the life that I didn't have. (interviewer: and why choose those degrees?) Uh I had already had experience in criminal justice and I had the credits from the military so it just seemed the easiest route to just to get a bachelors degree to compliment my military service, um, psychology just because it seemed interesting, sociology because I feel like I'm good at understanding social aspects so I got that degree, uh, public health nutrition um nutrition and fitness are just something I've always been interested in. Um, cyber security just because I felt like that's a good field to go in to for job security...so it just made sense" (Case 14).

"...I didn't want to do civilian work anymore. I was looking at like contracting, I kind of wanted to stay in Afghanistan by that time. I was really afraid of coming home and emailing and saying polite things over the phone... I can't answer the phone like I want to or I can't uh send an email like I would when I was overseas... But when I got back to work, that was the rough part, because then I started being like my leadership isn't my old leadership, and I can't talk to these people the way I used to talk... I got in trouble and written up for insubordination like the second day I was home because um one of my bosses... um had written an email and it, I didn't, I wasn't really very happy about whatever the, whatever the situation was and I just wrote back 'heard.' That was it, 'heard, period.' Send. And, that was a word that we were using all time in the, in the tactical operation center. That was something that was like no matter what somebody would say, it's like 'roger' or 'heard' or 'let's go,' right? And I would like move to action, and she saw that as insubordination. She saw it as, as something that I was kind of mumbling under my breath or something. It was very hard, it was very hard from her explanation to me and I'm sitting there being scolded. Second day back to work going 'I'm a combat vet, I may be having some issues ya know getting back in to the, this thing. What don't you understand about this? Why don't you give me a little bit of, of leeway, ya know what I mean... In that experience with that email thing I was just as much at fault as that person was. And I learned, I know that now, but in that moment I learned a lot from that and just kind of how I promote my veteran-ness and how I kind of have that self-awareness; how am I viewed by someone, right? I want to be a professional in everything I am doing and if I'm using that in an aggressive way or if I'm using that and somebody misunderstands me anyway, then I'm not getting my point across anyway. I'm losing, I'm losing that battle. I felt like I lost that and so, taking that experience and, and giving a chance to educate a little bit, and say, 'that was a word that we used when I was overseas and ya know, we were, our operation temple was really high and this was the kind of stuff that we needed to do' and try to use it as a learning moment both for myself and that person. I've probably done that a thousand time since that experience. So, and I find a lot of solace in it" (Case 31).

"I separated. And that same year of 1994 I was hired at a brand new position at a local community college, Sinclair Community College in Dayton, Ohio... I was their coordinator for minority student retention... I served in that position for 3 years, and then

I was promoted... I was the admissions officer for cultural diversity and the director of their young scholars program. I completed my masters degree...in that time, at the University of Dayton. And in 1998 I was selected as a Kellogg fellow. Which that allowed me to not only get mentorship, and exposure to the workings of higher education, but also travel to various colleges, community colleges in particular, to understand the nuances of higher education, the policy requirements, the organizational structure, curriculum and instruction, right, the full scope of and necessity to become a college president, which was my goal, and I was working toward that... Then I was promoted again... Sure, so now I'm serving as the um the administrator capacity at Central State University, and of course Ohio. And ironically right across the street from Wilberforce University, my undergraduate institution, and my wife's alma mater. Is this nutty or what?...So I'm serving as the director of student support services which gives me an opportunity to help with policy, budgetary, um innovative programming space for students who uh come to our university and want supplemental experiences, supplemental help, and then I'm able to even ya know, go beyond that and work largely and broadly with our entire population...So I went to the University of Texas, no I'm sorry, Texas A&M for diversity of education certification, um, doctoral studies at the University of Cincinnati... wonderful institutions, wonderful experiences..." (Case 23).

### **Intimate Relationships, Familial Relationships and Children**

Intimate relationships were discussed 21.4% of the time, and discussion usually consisted of divorce from a spouse or their readjustment after the veteran left the military. Familial relationships and children were each discussed in 19% of the interviews. Children were discussed in terms of adjustment after the veteran exited the military, and some veterans mentioned what their children are doing currently, whether it be obtaining education, their employment status, or if they also decided to join the military.

"I'm grateful beyond words. I've got six kids, now I've got six grandkids. They told me I wouldn't have any children because of all the damage that had been done to my insides. Over 75 surgeries under my belt" (Case 40).

"I raised four children, all doing real well. They, they had to leave one school and go to another so I moved them around in the Air Force and they didn't really like that, uh, giving up friends and starting over. And uh, but they all came out real fine all had successful careers and uh, uh we had ups and downs of course but we had a good career" (Case 44).

## Mental Health

Mental health was discussed in 19% of the interviews. This theme emerged in numerous ways. One veteran stated that their mental health status was not affected after military separation, one veteran disclosed that she was a survivor of PTSD, and some went in to great detail about their mental well-being after separation, such as how the emotional pain remained for many years and their thoughts on PTSD.

(Interviewer) “So how was it readjusting to civilian life when you got back?”

(Interviewee) “I really didn’t have any issues. I mean, there were uh, there were a lot of us that ya know, that got drafted and a lot of us came back. And uh, I had no issues. I may have stayed out of work for maybe a week or so before I went back to work. That was it. Probably if I had reserve duty or something it might have been a little different but uh, without any of that I just went back to the way things were” (Case 21).

“It’s more of the emotional pain that stayed with me. I discovered years later that I had physically left Vietnam, that I had never really mentally left Vietnam...For 20 years I was like numb, not always physically but I was mentally...I’d go into rages from the physical pain, the emotional pain and the physical pain they’d feed on each other. I couldn’t have intimate relationships. I just like missed 20 years...I said ‘You know what, I don’t think that’s good enough, so I stopped doing all of that crap so I went and bought a guitar I hadn’t bought a guitar in over forty years, since I went to Vietnam. And I began playing guitar to focus myself again to distract myself from the pain. I began writing songs... it was a way for me to express feelings that I hadn’t been able to express for years. And I found salvation in volunteering. And so I volunteered with the food bank, I volunteered with a children’s art school, I volunteered with the robotics team, I volunteered with the rehab center, and adult daycare center. Even though I haven’t been to church in like forty years I taught music in a church to at-risk kids this past summer. So I’ve been teaching others how to get past emotional and physical pain the way that I have, and that’s been really a rewarding thing for me. And what I get back from people is that they really like the songs that I write about PTSD, about veteran suicide, but I also write songs about job, about happiness, about love.... But in music and in songwriting, I found ways to express those feelings, to connect to those feelings...The volunteering, putting something of myself out there, not just sitting at home collecting the VA check and the social security but actually doing something, trying to make a positive investment forward is not just a way of repaying the sins of the past but it’s a way of um, maybe helping others avoid committing the same mistakes. Um, the music is a way that I express those emotions, the way I share those feelings, the way I deal with emotional pain, the way I express it, the way I escape the physical pain; the

volunteering is something that I do just to feel good about myself, and uh, that's how I think I have found my own personal redemption" (Case 24).

"As somebody who is a survivor of PTSD, that would be the only other thing that I would say, is um, there is a lot of beliefs out there about what PTSD is and what survivors are, and before people make judgement on what it means to be a survivor of post-traumatic stress, get educated. Because I'm a survivor of PTSD. I don't use, I'm not crazy, I'm not gonna go blow anything up, I'm a relatively normal human being just trying to survive. So, get educated and give people the benefit of the doubt" (Case 45).

"I think of all the hard things I've been through and I think what, I think being a journalist insulates you a little bit from that because I'm always thinking of things as a story, like, what's, what are the elements of the story in this situation... and so in a sense you're sort of removed from um what's going on from the immediacy of what's going on. I remembered being in Afghanistan one time and there was a pretty substantial fire fight going on and I was huddled down with a command element they were taking a lot of RPG fire which is kind of terrifying and I was trying to file a story and so I had my laptop open and it was like dusk, and I was connected up the satellite and I was, ya know, I would write my story, and then I'd attach it to an email and send it by email. And so I was trying to attach my story to the email and guys were shouting at me because the computer screen was putting out light and um they're all like 'Wood shut that thing down' and I was like 'okay just a second' and stuff was going on over head but I was like in my own little journalism world, and not really connected to what was going on. Well I uh, uh, was insulated a little bit I think is a way to think about it. Um, so, so I don't think that those experiences impacted me as much as they did them, ya know" (Case 25).

## **Physical Health**

Physical health was discussed in 14.3% of the interviews. Discussion included health problems that arose after military service, surgeries, and treatment. Some veterans dealt with physical injuries due to their military experience, and some developed problems that were unrelated to their military service. These descriptions include their journey through treatment, surgeries, and how they have coped with these physical issues.

"Back in October I was diagnosed with stage four colon cancer. Um, I have a tumor the size of a grapefruit in my colon, the lower distal part of my colon. Um, I've been going through chemo since then. I actually have chemo scheduled for five days through now. Uh, my prognosis according to my oncologist is a seven percent chance of survival and a life expectancy of two years. So that's, it's um, it's been a punch in the mouth to say the least...

Um, it's been a long road. Um, but I found my way back, uh at one point I was 125 pounds. I think I lost 65 pounds in a matter of two months. Um, I was on the verge of dying uh, actually when I finally had surgery to um... have a colostomy stoma installed so, so I can maintain some type of functionality with my um digestive system. Uh, it's not always the disease that kills people, I feel like it's the mindset, that if you have a fatalistic mindset that you're gonna succumb to your cancer then you will. Um, you have to find a why, and for me my why is my children. So, uh I go to the gym every day, um I try not to stress about things because I believe stress is a used contributor to developing cancer. I think it weakens the immune system and the body's ability to, to turn off cancer cells. Um, I changed my diet significantly, changed my lifestyle overall, so. I don't know how long I have but, uh I made a pact with God and I don't know if there is a God, but I said that if I survive, then I'll dedicate my life to helping people who have cancer, whether it be with the resources with my time and efforts, or collecting donations, um or just communicating to people about the importance of prevention, or how to um, how to get through the chemo, how to get through radiation, maybe be a motivational speaker" (Case 14).

"Over the years um I realized I had some pain issues I had taken a couple falls in Vietnam. One time we landed the helicopter in the middle of this, turned out to be a school yard, and these kids came running out and I went to jump out of the helicopter to get them out of the way I was afraid the blades would come down and like, just take them all out and I tripped on a strut and I injured my back. I never reported it to anybody. I mean there's a hell of a lot more shit going on than reporting to somebody that you hurt your back getting out of a helicopter, but I still suffer from some of the pain from that. Um, I didn't have the time for the pain back then" (Case 24).

"The first time I came home, I still didn't have my artificial legs yet. And I was happy as hell to make it back to Dayton... There was no such thing as wheelchair-accessible anything. That came later.... I mean, my mom was my mom, but she wanted to baby me, she wanted to uh, oh she was going everything ya know, I couldn't even, after I got my legs, I wanted to show her I can walk, I can walk look at me. That made me act angry, ya know I needed to walk, don't you understand? It's just, I was fighting battle after battle. I had learned to walk down at John Bryant's State Park. I walked the trail. Everything they told me not to do, I did. I went down to John Bryant State Park starting in the spring time of 1971. At the end of that summer, I walked a seven mile trail to Clifton Gorge and climbed up that..." (Case 40).



## Coping

Coping was discussed in 7.1% of the interviews. The veterans below explained their involvement in hobbies, use of substances, and decisions about veteran groups as coping mechanisms.

“And for the next two years I didn’t do anything that was addictive, but damn I did a lot of drugs, um recreationally. I still tell people of the night four of us were on our way to a Blue Oyster Cult concert and I was driving my little Renault with my elbows while rolling a joint and tripping on acid. Ya know, it’s more a miracle that I survived the couple of years after Vietnam than that I survived Vietnam. Um, I didn’t realize that at that point I was an action junkie. I just needed the risk, I needed the fear, I needed the excitement, um, or maybe I was just trying to kill myself because I felt so much rage, so much guilt” (Case 24).

“Boy ya know, it’s the hardest thing. I never really feel comfortable in them. You go to the American Legion, the VFW clubs and things like that, they’re like gambling in the back with slot machines and the poker machines and they’re smoking cigarettes or they’re drinking. I don’t drink, I don’t smoke, I don’t gamble, um, I don’t really normally feel like I fit in so much with them as organizations. I don’t really like telling war stories...” (Case 24).

“...And then just slowly but surely trying to figure out how to deal with that and how to talk about it and how to cope with it. Um, I’d say that I’m 99%, but that extra 1% I don’t think will ever leave. Um but I find a lot of solace in being able to talk about it. I’ve found a lot of solace in everybody else telling their story, who we’re inspired by, hopefully maybe a part of my story, ya know what I mean...” (Case 31).

(Interviewer) “So what strategies have you used? I know a lot of veterans and everyone’s is different.”

(Interviewee) “Oh um, so I go back to reading, I like to read, uh so I’ll go back and kind of try to step away from it and take some breaths and take some time. Um, I’ll tell ya that a lot of what I’ve found very helpful was doing stuff like this, telling my story, or having um, ya know having a break where I would talk to people or ya know I would say that some of my strategy was finding those within the organization that were supporters of mine, uh supporters of my experience, maybe have experience with reintegration or the kind of things like that and I would hitch my wagon to them and say ‘hey this is hard ya know and take some time away for myself and take some time away from my email and things like that and go and do something for myself. Um, and I still do that to this day. I still, there’s times where I can’t be cooped up at this computer anymore I need to go and do something I need to go out. And so trying to find those pieces things that I enjoy, uh,

you know all those little hobbies and things like that I try to figure out what works best for me but I'm always kind of trying to figure out new stuff I like to learn things, so, um, and giving somebody the benefit of the doubt" (Case 31).

"I spent the next eight years wasting my life. I drank myself damn near to death. Drinking, doing drugs, I didn't care. If nobody else cared, why should I? I damn near killed myself. I had gone over to fight for what I thought was this country. And all this time, this country was fighting against me and my brothers and my sisters. And I was getting anything that they could pick up off the ground, thrown at me. Now they're starting to come around. Now I'm getting all these 'thank you for your service' and 'God bless you,' I'm grateful that this is happening. I'm sorry, where were you 45 years ago when I needed somebody to open your arms? I was in bad shape. And to have you spitting on me and calling me names... my own family felt the same way" (Case 40).

"And I'm proud to say I played wheelchair athletics for fifteen years, I've fished the PVA bass trail and won four boats including the national championship, just celebrated my 25<sup>th</sup> anniversary with my second wife, my youngest grandchild just turn one year old on the ninth of this month" (Case 40).

These interviews represent many of the obstacles that veterans face upon separation from the military, many of which fall under the four domains, individual, interpersonal, community, and societal, suggested by Elnitsky and their colleagues (2017). The discussion of employment, education, family, and health informs the audience of the sectors that regularly affect veterans. The personal stories shared by these veterans go on to demonstrate how these sectors are approached by veterans as they reintegrate back in to society, which includes positive and negative experiences. Some veterans also shared how they have personally coped or how civilian sectors have been a positive influence on their reintegration process. The anecdotes provided by the interviewees give civilians a chance to personally listen to the struggles they may be facing and how they can be of assistance to the reintegration process, such as personally, in the workplace, or as a community.

## Discussion

The aims of this study were to address the factors that both positively and negatively affected reintegration, and the mental well-being of veterans during the reintegration process. Mental health was a category that was measured in this study, but only 19% of respondents disclosed information about their mental well-being. Despite this low percentage, the other categories gave an insight as to what veterans face upon exiting the military. Many themes emerged in this study, but employment and education were discussed the most, and in this particular sample, were the factors that influenced veteran reintegration the most. The interviews that discussed employment and education highlighted the struggles that come with entering the civilian workforce and the education system. The discussion of employment and education by the interviewees did not reveal a direct relationship with mental well-being. Mental health was discussed as a separate topic, and was also discussed when coping mechanisms were brought up.

Sayer, Carlson, and Frazier (2014) suggest that the government, the private sector, and the public should be connected when approaching the variation of post-deployment problems. The respondent in case 31 described a situation where the public was not understanding of a veteran reentering the civilian workforce. In this situation, he used a particular word while he was in the military, but it was not seen as acceptable in his civilian occupation. Although this situation was not ideal, he used it as a learning experience. This respondent described the importance of using experiences like those and using them as teaching moments for himself and others so they can become educated about the veteran culture. This is an example that supports the notion that numerous sectors should be involved in assisting veterans reintegrate.

Demers (2011) reported that respondents in their study experienced identity issues when entering a new environment, which lead to isolation, unhappiness, and unhealthy coping

mechanisms. These participants agreed that they faced greater challenges and may need further support. In cases 24 and 40, the respondents disclosed that they used substances as coping mechanisms after separating from the military. The substance use contributes to the notion made by Demers; that their new environment lead to a negative reintegration experience. In case 24, the interviewee admitted that he felt he did not belong to veteran organizations such as the American Legion or VFW because they did not share similar lifestyles or hobbies; members of these groups would gamble, drink alcohol, and smoke cigarettes, and this interviewee did not do any of these things. This opportunity to feel connected and united with fellow service members actually made this individual feel isolated. Feelings of isolation have the chance of increasing difficulties in the reintegration process, and in this particular case, this veteran faced numerous challenges after leaving the military. Demers (2011) also explained that civilians may not be the type of support needed by veterans; that civilians need to recognize their unique needs and encourage them to seek options and services that are tailored specifically to veteran reintegration. This was displayed when case 40 described a situation where a civilian spit on him, and he felt as if his family and his country was fighting against him. This situation portrayed an instance where civilians were not supportive and did not recognize the needs of the veteran. In order to successfully reintegrate veterans, civilians must take in to consideration their unique experiences and rethink their current approach to veterans in certain situations.

Larson and Norman (2014) reported that PTSD symptoms predicted trouble with work-related problems, financial problems, activity limitations due to mental illness, and the notion that reintegration presents difficulties (p. 423). The respondent from case 45 contradicts this statement by stating that even though she is a survivor of PTSD, she does not use, she is not crazy, she is not going to blow anything up, and she is a relatively normal human being. Even though PTSD is a

serious disorder that can have numerous negative effects on the reintegration process, this individual did not disclose any difficulties with social settings, family life, employment, and community domains. This individual was straightforward about her diagnosis and encouraged listeners of the interviews to get educated about the disorder and give people the benefit of the doubt.

Bloeser et al. (2014) explain that current mental health screenings may only capture symptoms that veterans currently deal with rather than post-deployment difficulties as a whole. They also suggest that social support is a key component in identifying and treating PTSD, which is an issue that can surface during the reintegration process. In this study, case 24 shares his struggles after separation from the military and discloses that he used substances, had mental health problems, and found different ways to cope through his issues. This veteran did not mention ongoing mental health screenings, but he did mention a long list of medications that were given to him by the VA. In the interview, he disclosed that he no longer wanted to take the medications, and began to find alternative ways of coping which included becoming more involved in the community. This action lines up with Bloeser and their colleagues' suggestion; that social support is a key component in the development and treatment of PTSD, and by including this support it may be helpful in encouraging treatment for veterans that struggle with PTSD or other mental health problems. For this particular veteran, his involvement in the community provided him with a sense of purpose and made him feel good about himself. His alternative measures and decisions to volunteer and serve the community were constructive and positively influenced his life after separation from the military. This situation supports the idea that screenings should be reevaluated in order to better capture the struggles faced by veterans, and that social support should be considered when treating mental health conditions.

The themes covered in the literature review were mostly present throughout the interviews used in the study. The experiences of the veterans support the notions that public and private sectors should be active in the reintegration process, mental health should be evaluated frequently, and family and friends should be included in the reintegration process. These interviews presented many factors that impact veteran reintegration, and also include suggestions to improve the process for veterans, their friends and families, and society. Further interviews should be conducted in order to continue learning about their struggles and the proper way to address them.

### **Applying Theory**

Elnitsky, et al. (2017) discusses the first domain, individual, as health condition. This domain is present in many of the interviews that were used in this study. Specifically, case 24 discusses his physical health condition which resembles the first domain. Case 24 described a back injury that came to surface years later. This example, among many others, provides evidence of health condition as a domain in the reintegration process.

“Over the years um I realized I had some pain issues I had taken a couple falls in Vietnam. One time we landed the helicopter in the middle of this, turned out to be a school yard... I tripped on a strut and I injured my back. I never reported it to anybody... but I still suffer from some of the pain from that. Um, I didn’t have the time for the pain back then.”

The second domain is interpersonal relationships. This domain was discussed by some of the veterans, and included relationships with children, spouses, other military members, and colleagues. Case 44 explains his experience with raising children and how his time in the Air Force affected them.

“I raised four children, all doing real well. They, they had to leave one school and go to another so I moved them around in the Air Force and they didn’t really like that, uh, giving up friends and starting over. And uh, but they all came out real fine all had successful careers and uh, uh we had ups and downs of course but we had a good career.”

The third domain is community systems, such as utilizing a specific service. This domain was present when interviewees discussed veteran groups, utilization of the VA, medical facilities, and education. Case 24 described his experience with community systems; he felt as if he never fit in with these groups that were veteran-specific.

“Boy ya know, it’s the hardest thing. I never really feel comfortable in them. You go to the American Legion, the VFW clubs and things like that, they’re like gambling in the back with slot machines and the poker machines and they’re smoking cigarettes or they’re drinking. I don’t drink, I don’t smoke, I don’t gamble, um, I don’t really normally feel like I fit in so much with them as organizations. I don’t really like telling war stories...”

The fourth domain is societal structures, which includes the workforce. This domain was present in many of the interviews when they elaborated on their experiences in the civilian workforce.

Case 31 describes a specific experience when he reentered the civilian workforce.

“I got in trouble and written up for insubordination like the second day I was home because um one of my bosses... um had written an email and it, I didn’t, I wasn’t really very happy about whatever the, whatever the situation was and I just wrote back ‘heard.’ That was it, ‘heard, period.’ Send. And, that was a word that we were using all time in the, in the tactical operation center. That was something that was like no matter what somebody would say, it’s like ‘roger’ or ‘heard’ or ‘let’s go,’ right? And I would like move to action, and she saw that as insubordination. She saw it as, as something that I was kind of mumbling under my breath or something. It was very hard, it was very hard from her explanation to me and I’m sitting there being scolded... In that experience with that email thing I was just as much at fault as that person was. And I learned, I know that now, but in that moment I learned a lot from that and just kind of how I promote my veteran-ness and how I kind of have that self-awareness... so, taking that experience and, and giving a chance to educate a little bit, and say, ‘that was a word that we used when I was overseas and ya know, we were, our operation temple was really high and this was the kind of stuff that we needed to do’ and try to use it as a learning moment both for myself and that person. I’ve probably done that a thousand time since that experience.”

These four domains presented by Elnitsky and her colleagues (2017) are a way to break down the reintegration process and make it easier to understand for society and the veterans themselves. The presentation of the domains communicates the need for veterans and the community to put effort in to an interactive reintegration process on a personal, interpersonal, community, and societal level. These efforts must be put forth by the veterans themselves, but also must come from the communities to which these veterans are returning.

## **Conclusion**

This study explored the factors that influence the veteran reintegration experience. The interviews showed that employment and education were the two most impactful parts of the reintegration process since they were discussed most often. Although mental health was one of the main concerns of this study, it was not discussed as often. The interviewees that did discuss mental health provided great detail in their stories and experiences, and gave readers a chance to listen to their struggles and how they coped. Many of the veterans shared their previous and current coping mechanisms, and shared their positive experiences, which begins to educate other veterans and American citizens about the reintegration process. The ultimate goal of studying veteran reintegration is to alleviate the struggles that come with the transition. The suggestions given by the veterans coupled with the policy recommendations provide veterans and society with knowledge about this process and recommendations for their respective sectors. With effort coming from the veteran population and public sectors, the transition from military life to civilian life will be appropriately addressed and hopefully become an easier experience.



## **Limitations**

There were several limitations throughout this study. The sample was not representative of each branch of the military, and did not equally represent gender and theater. There were several different interviewers in the 2018 sample, and not every interviewer posed the same questions. Some interviewers specifically asked about reintegration after separation from the military, and some did not, which means that not all of the reintegrative data was captured. Many of the interviews focused on war time experience and not life after the military, which means that some interviews were not able to be used for analysis regarding reintegration. The sample size was also small and not representative of the military as a whole.

## **Policy Implications**

Although there are many programs and services available to veterans and their families, there is room from improvement and new services to be introduced to better serve this population. Two particular cases from this study highlighted the importance of sharing their stories as an important coping mechanism and a learning opportunity for the civilian population. Hinojosa and Hinojosa (2011) explain that bonds between military friends can provide positive support during the reintegration process since they have experienced similar circumstances; it solidifies the importance of these relationships and restores the sense of community they may be lacking. They suggest that clinicians should obtain information about the service member's social support system, and those who have positive military friendships may benefit from those during the reintegration process (p. 1154-1155). By doing this in the clinical sector, it provides veterans the chance to share their stories, and approach society when voicing their needs during their

reintegration period. In addition to this, civilian employers should be made aware of these important relationships. To build on this, if employers are aware of their veteran status and the need for relationships with fellow veterans, they could implement policies for veterans, such as providing them with specialized healthcare packages or taking the time to educate the company as a whole about the veteran reintegration process. Veterans would be given the chance to educate their colleagues and share their stories, which could be therapeutic for their readjustment period.

Glynn (2013) explains that veterans and their loved ones are now rejoining a civilian community that may not prioritize their needs and may not have much help to offer in terms of socioeconomic or mental health difficulties (p. 411). She states that community partners should work closely to meet the wide range of returning veterans and family needs, and also emphasizes the need for family-centered care in order to address the psychological and financial needs of military families (p. 413). This should be implemented in the United States in order to fully reintegrate the veterans as well as their families. Even though the families are not disengaged from the civilian community, they still have adjustments to make and issues to work through when the veteran returns to the family and the community. If only one person from the family unit is receiving services for the reintegration process, this leaves the other family members at a disadvantage. By including the entire family unit, numerous issues would be addressed at once, making the transition easier.

In addition to the aforementioned policy recommendations, veterans should receive assistance when reentering the civilian workforce. This should include opportunities to educate coworkers about their military experience and providing workshops or seminars for the companies to educate employees about veterans reentering society, specifically the workforce. Such workshops or seminars should provide information about reintegration, issues faced by veterans,

coping mechanisms, and things they can do as civilians to contribute to the reintegration process, whether it be as a citizen, friend, family member, or coworker. Such opportunities should not be forced upon veterans reentering the workforce; their participation should be willingly and voluntarily. The choice to support and participate in the training and education regarding reintegration should be left to the veterans and the veterans only. This implementation in the workplace would be beneficial to both veterans and employers, and it would provide veterans with a welcoming environment upon finding employment in the civilian workforce. This implementation would also better equip companies to support the veteran population, and hopefully be an encouragement to veterans seeking civilian employment.

## Appendix A

### INTERVIEW

It is the interviewer's job to make the veteran feel comfortable and to be a good listener. Each interview session will be unique. The following is an outline (not a script) to help the interviewer guide the veteran through the conversation. Tailor the questions as you and the veteran see fit.

#### 1 Introduction

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The interviewer must begin the recording by stating his or her name and organizational affiliation (if any), the veteran's full name, the date and the general location in which the interview is being conducted. Please do not disclose private information such as home addresses, military serial numbers or Social Security numbers.

#### 2 Biographical Details

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- a) Where and when were you born?
- b) Who are/were your parents and what are/were their occupations?
- c) Who are/were your siblings? Names and genders? Which, if any, serve/served in the military?
- d) What were you doing before you entered the service?

#### 3 Early Days of Service

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- a) In which branch of the military did you serve?
- b) Did you enlist or were you drafted?
- c) If you enlisted, why did you choose that specific branch of the military?
- d) What happened when you departed for training camp and during your early days of training?
- e) Do you recall your instructors? If so, what were they like?
- f) Did you receive any specialized training? If so, what?
- g) How did you adapt to military life, including the physical regimen, barracks, food and social life?

#### 4 Wartime Service

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- a) Where did you serve?
- b) If you served abroad, what are some memories you have of that experience?
- c) If you were on the front lines, what combat action did you witness?
- d) If you were not on the front lines, what were your duties?
- e) If you saw combat, how did you feel when witnessing casualties and destruction?
- f) What kinds of friendships and camaraderie did you form while serving, and with whom?
- g) How did you stay in touch with family and friends back home?
- h) What did you do for recreation or when you were off-duty?

#### 5 War's End/Coming Home

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- a) Where were you when the war ended?
- b) How did you return home?
- c) How were you received by your family and community?
- d) How did you readjust to civilian life?
- e) Have you remained in contact with or reunited with fellow veterans? If so, who?
- f) Are you a member of any veterans' organizations? If so, which?
- g) What have you done since separating from the military?

#### 6 Reflections

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- a) How did your wartime experiences affect your life?
- b) What are some life lessons you learned from military service?
- c) How has your military service impacted your feelings about war and the military in general?
- d) What message would you like to leave for future generations who will view/hear this interview?
- e) Is there anything you feel like we haven't discussed, or should be added to this interview? If so, what?

## Appendix B

### Additional Service History Information (if necessary)

Branch of Service or Wartime Activity: \_\_\_\_\_

Commissioned ☐ Enlisted ☐ Drafted ☐ Service dates: \_\_\_\_\_ to \_\_\_\_\_

Highest Rank: \_\_\_\_\_

Unit, Division, Battalion, Group, Ship, etc. (Do not abbreviate.) \_\_\_\_\_

War, operation or conflict: \_\_\_\_\_

Locations of military service: \_\_\_\_\_

Battles/campaigns (Names): \_\_\_\_\_

Medals or service awards (Please list as specifically as possible.) \_\_\_\_\_

Special duties/highlights/achievements \_\_\_\_\_

Was the veteran a prisoner of war? Yes ☐ No ☐

Did the veteran sustain combat or service-related injuries? Yes ☐ No ☐

Additional Biographical Information:

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## Veteran's Release Form (Required)

(See reverse for Interviewer's Release Form)

**To be Completed by Veteran (In cases of deceased veterans, to be completed by the donor of the material.)**

I, \_\_\_\_\_, am a participant in the Veterans History Project (hereinafter "VHP") of the Library of Congress American Folklife Center. I understand that the purpose of the VHP is to collect audio- and video-recorded oral histories of America's war veterans, as well as selected related documentary materials such as photographs and manuscripts, for inclusion in the permanent collections of the Library of Congress. These oral histories and related materials serve as a record of American veterans' wartime experiences and as a scholarly and educational resource for Congress and the general public.

I understand that the American Folklife Center plans to retain the product of my participation in the VHP, including but not limited to my interview, presentation, video, photographs, statements, name, images or likeness, voice, and written materials ("My Collection") as part of its permanent collections.

I hereby grant to the Library of Congress ownership of the physical property comprising My Collection. Additionally, I hereby grant to the Library of Congress, at no cost, the perpetual, nonexclusive, transferable, worldwide right to use, reproduce, transmit, display, perform, prepare derivative works from, distribute, and authorize the redistribution of the materials in My Collection in any medium. By giving this permission, I understand that I retain any copyright and related rights that I may hold.

I hereby release the Library of Congress, and its assignees and designees, from any and all claims and demands arising out of or in connection with the use of My Collection, including but not limited to any claims for copyright infringement, defamation, invasion of privacy, or right of publicity.

Should any part of My Collection be found to include materials that the Library of Congress deems inappropriate for retention with the collection or for transfer to other collections in the Library, the Library may dispose of such materials in accordance with its procedures for disposition of materials not needed for the Library's collections.

### Accepted and Agreed

Signature: \_\_\_\_\_

Date (month/day/year) \_\_\_\_\_

Printed Name: \_\_\_\_\_

Veteran's Address: \_\_\_\_\_

Veteran's Next of Kin: Name & Address: \_\_\_\_\_

Name of Interviewer (if applicable): \_\_\_\_\_

Relationship to Interviewer: \_\_\_\_\_

**Library of Congress American Folklife Center VETERANS HISTORY PROJECT**

## Appendix D

### Special Collections and Archives Wright State University Libraries

#### Interviewee Release Form

I, \_\_\_\_\_, do hereby give to Special Collections and Archives of Wright State University Libraries all right, title, or interest in the audio- and/or video-recorded interviews conducted by \_\_\_\_\_ [name of interviewer] on \_\_\_\_\_ [date of interview]. I understand that these interviews will be protected by copyright and deposited in Wright State University Libraries' Special Collections and Archives for the use of future scholars. I also understand that the recordings, transcripts, and photographs may be used in materials including, but not limited to, audio and visual documentaries, presentations, exhibits, articles, printed matter, publications, and on the World Wide Web and successor technologies, and for promotion of Special Collections and Archives and its activities in any medium, in perpetuity. This gift does not preclude any use that I myself want to make of the information in these recordings.

Check one:

- ☐ Recordings and transcripts may be used without restriction.  
☐ Recordings and transcripts are subject to the attached restriction.

\_\_\_\_\_  
Printed Name of Interviewee

\_\_\_\_\_  
Signature of Interviewee

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

## Appendix E

Case	Gender	Branch	Theater	Intimate Rel.	Familial Rel.	Children	Education	Employment	Coping	Identity	Mental Health	Physical Health
1	M	Air Force	Desert Storm	x								
2	N/A											
3	M	Army	Vietnam									
4	M	Marines	Afghanistan/Iraq								x	x
5	M	Army and Air Force	Vietnam				x	x				
6	M	Army	WWII					x				x
7	M	Air Force and National Guard	Vietnam				x	x			x	
8	M	Air Force	?				x	x				
9	M	Army	?	x			x					
10	M	Army	Vietnam	x			x	x				
11	M	Air Force	WWII	x								
12	M	Army	Vietnam					x				
13	M	Army	OEF								x	
14	M	Air Force	Iraq	x		x	x					x
15	M	Marines	Lebanon									
16	M	Air Force	Vietnam					x				
17	M	Air Force	?			x	x					
18	M	Marines	OIF/OEF			x	x	x				
19	M	Army	Vietnam	x			x	x				
20	F	Air Force	?		x	x		x				
21	M	Army	Vietnam					x				
22	M	Air Force	Vietnam					x				
23	M	Air Force	Gulf War				x	x				
24	M	Army	Vietnam	x	x	x	x	x	x		x	x
25	M	?	Journalist								x	
26	N/A	-	-									
27	F	Navy	?					x				
28	F	Navy	?		x			x				
29	F	Army	?				x					
30	M	Navy	?	x	x	x	x	x				x
31	M	Army	Afghanistan					x	x		x	
32	M	Air Force	Vietnam					x				
33	M	Air Force	Vietnam				x	x				
34	M	Air Force	?									
35	M	Air Force	Vietnam					x				
36	F	Air Force	?	x	x		x	x				
37	F	Army	Afghanistan				x	x				
38	M	Air Force	Vietnam									
39	F	Navy	?		x							
40	M	Marines	Vietnam		x	x			x		x	x
41	M	Air Force	Vietnam		x							
42	N/A											
43	M	Air Force	?					x				
44	M	Army	WWII			x		x				
45	F	Air Force	?								x	



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